

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> YES, PLEASE LLC	<b>Telephone Number</b> Est 812-697-3200 Own 812-697-3200	<b>Date of Inspection</b> 11/09/2021	<b>ID#</b>
<b>Address</b> 800 E. 8TH ST, NEW ALBANY IN 47150			
<b>Owner</b> CHRISTY BOONE	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 11/09/2021
<b>Owner's Address</b> 2399 TWO MILE LN NEW ALBANY, IN 47150		<b>Menu Type</b> 1 _ 2 _ 3 _ 4 <u>X</u> 5 _	
<b>Person in Charge</b> CHRISY BOONE			
<b>Responsible Person's Email</b> 73CLBOONE@GMAIL.COM			
<b>Certified Food Handler</b> CHRISTY BOONE			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
191	X			Observed sliced-in-house cheese cubes without a date mark.	1 day
192	X			Observed cream cheese icing dated 9/19 in prep cooler.	Discard
295		X		Observed area inside ice machine on the left side in need of cleaning.	1 day

Summary of Violations C 2 NC 1 R 0

Received by (name and title printed):

Inspected by (name and title printed):

Thomas Snider CFS

Received by (signature):

Inspected by (signature):

*Thomas Snider*

cc:

cc:

cc: